


C A S E #	Case Number	Refer Case Number	Classification						
	<h1>BEAVERTON POLICE DEPARTMENT CITIZEN CRIME REPORT</h1>								
<div><p>Chief David G. Bishop</p></div> <div><p><b>INSTRUCTIONS:</b> This is an official Beaverton Police Dept. document that will become an official police report for this crime. If you have insurance coverage, this form will assist you in filing a claim. For helpful hints in filling out this form, refer to the accompanying "sample" form. Please note that you must include your <b>FULL NAME</b> and <b>BIRTHDATE</b> for the report to be officially filed.</p></div>	<p><i>Do Not Write In Shaded Areas</i> <span style="float: right;"><i>Type Or Print Using Blue Or Black Ink</i></span></p>								
	Today's Date	Time Now <input type="checkbox"/> AM <input type="checkbox"/> PM	Date(s) Crime Occured	Time(s) Crime Occured <input type="checkbox"/> AM <input type="checkbox"/> PM	Type Act (M)				
	Address where crime occurred. If the crime did not occur at a specific address, list the block or nearest street intersection.			Type of Location: <input type="checkbox"/> Street <input type="checkbox"/> Single Family Home <input type="checkbox"/> Driveway <input type="checkbox"/> Duplex/Apartment <input type="checkbox"/> Parking Lot <input type="checkbox"/> Business <input type="checkbox"/> Other _____					
	Your Last Name	First Name	Middle	CRN	Sex	Race (optional)	Birthdate Month/Day/Year		
	Your Address Number		Street Name			Home Phone Number			
	Work Address					Work Phone Number			
	Business Name or Property Owners Name			CRN	Sex	Race (optional)	Birthdate Month/Day/Year		
	Home Address Number		Street Name		City	State	Zip	Home Phone Number	
	Business Address						Work Phone Number		
	Your Vehicle License Number		State	License/YR	Type	VIN			
VehicleYear	Vehicle Make	Model	Body Style	Colors: Top/Body					
<h2>CRIME INFORMATION</h2> <p>Briefly describe crime ~ attach additional pages if necessary</p>									
<div><div>COPIES</div><div><input type="checkbox"/> C A <input type="checkbox"/> CODE ENF. <input type="checkbox"/> CRIME ANALYS <input type="checkbox"/> CRIME PREV. <input type="checkbox"/> CSD <input type="checkbox"/> D A <input type="checkbox"/> DET <input type="checkbox"/> DIST CT <input type="checkbox"/> CODE ENF. <input type="checkbox"/> IGET <input type="checkbox"/> JUV <input type="checkbox"/> MUNI CT <input type="checkbox"/> PIO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><div>COMPUTER ENTRY</div><div><input type="checkbox"/> DATA  OPR <input type="checkbox"/> W/P  OPR <input type="checkbox"/> DISTRIBUTION  OPR <input type="checkbox"/> LEDS  OPR</div></div></div>									
<p><b>Mail To:</b> Beaverton Police Dept. P.O. Box 4755 Beaverton, OR 97076 - 4755</p>				<p>_____ Officer Signature</p> <p>_____ DPSST#</p> <p>_____ Date</p>					
<p>_____ Your Signature</p>				<table border="1"><tr><td>PREC/DIV</td><td>RLF/SHFT</td><td>ASSN</td></tr></table>			PREC/DIV	RLF/SHFT	ASSN
PREC/DIV	RLF/SHFT	ASSN							

**0** Check One      **S** - Stolen      **D** - Damaged

## STOLEN AND DAMAGED PROPERTY

[illegible]

**If needed attach additional pages**